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PROVISIONAL APPLICATION FOR PATENT COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53(c).

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Given Name (first and middle [if any])		Family Name or Surname			Residence (City and either State or Foreign Country)					
Dara Courtney		Medes			Woodbridge, CT					
Additional inventors are b	being named	on the 1 s	eparately nu	mbered sheets	attached	d hereto			j10	
	Т	TLE OF THE IN	/ENTION (50	0 characters	max)				-	
A method of providing wave-front telecommunication devices to del perceptual, and cognitive related relations of light as it relates to bo	liver a specific vision imbala	nanometer wave nces that interfere	elength of light with function	it to affect a wid and performa	de variety	of visua	ıl. binocular.	function.	gital	
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		OSED APPLICA	TION PART	S (check all th	at apply)				
Specification Number of		7		CD(s), Nu	mber					
Drawing(s) Number of Sheets 2 Other (specify)										
METHOD OF PAYMENT OF F	ILING FEES I	OR THIS PROV	ISIONAL AP	PLICATION FO	OR PATE	NT				
Applicant claims small of A check or money orde The Commissioner is here or credit any overpose. Payment by credit card	er is enclosed ereby authori payment to De	to cover the filing zed to charge filir eposit Account No	fees]	FILING AMOUN \$160.	T (\$)		
The invention was made by an United States Government. No. Yes, the name of the U.S. Gov					act with a	an agend	cy of the		-	
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Respectfully submitted, SIGNATURE		edes	_	Date RF	05/02/2] ,			
TYPED or PRINTED NAME Dara Courtney Medes Docket Number:										
TELEPHONE 877-567-9104			_	DO	CVET MAIL	iDCI.				

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

This collection of information is required by 37 CFR 1.51. The information is used by the public to file (and by the PTO to process) a provisional application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the complete provisional application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, D.C. 20231.



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Docket Number INVENTOR(S)/APPLICANT(S) Residence Given Name (first and middle [if any]) Family or Surname (City and either State or Foreign Country) Heather Lyn Medes Woodbridge, CT William V. Padula Guilford, CT

Number	1	of	1

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